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ABSTRACT

With the addition of the Board of Ethnic Minority Affairs to the American Psychological Association and the observation that greater numbers of ethnic minorities are seeking psychological treatment, a growing area of research has been related to ethnic issues in psychotherapy. Many empirical studies have been conducted comparing psychotherapy effectiveness for ethnically heterogeneous versus homogeneous therapist-client pairs. Three major types of studies have been done in which therapist-client ethnic similarity served as the independent variable: (1) studies examining ethnic preference for therapist; (2) research on therapy process variables; and (3) therapy outcome studies. In general, the research suggests that clients tend to indicate preference for an ethnically similar therapist prior to the onset of therapy. Once the process of therapy has been initiated, however, there is less of an effect observed favoring therapist-client ethnic similarity. The findings of therapy outcome studies suggest that therapy is as effective under conditions of ethnic dissimilarity as under conditions of ethnic similarity. Cross-cultural therapy training designed to prepare therapists to work effectively with minority clients may help decrease the problems that exist in cross-cultural psychotherapy. (Author/NB)

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Doctoral Research Paper
for the Degree of Doctor of Psychology

ROSEMEAD SCHOOL OF PSYCHOLOGY

BIOLA UNIVERSITY

MELANIE BAER

1986

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EVALUATION OF RESEARCH FINDINGS RELATED TO EFFECTIVENESS OF THERAPY WITH ETHNICALLY DIFFERENT THERAPIST-CLIENT PAIRS

BY

MELANIE BAER

A doctoral research paper submitted to
Rosemead School of Psychology
in partial fulfillment of the requirements
for the degree of
Doctor of Psychology

La Mirada, California

1986

EVALUATION OF RESEARCH FINDINGS RELATED TO
EFFECTIVENESS OF THERAPY WITH
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ABSTRACT

This paper reviews empirical studies comparing psychotherapy effectiveness for ethnically heterogeneous versus homogeneous therapist-client pairs. Studies examining ethnic preference for therapist, therapy process variables, and therapy outcome studies are reviewed. In general, the research suggests that clients tend to indicate preference for an ethnically similar therapist prior to the onset of therapy. Once the process of therapy has been initiated, however, there is less of an effect observed favoring therapist-client ethnic similarity. The findings of therapy outcome studies suggest that therapy is as effective under conditions of ethnic dissimilarity as under conditions of ethnic similarity.

Evaluation of Research Findings Related to Effectiveness of Therapy with Ethnically Different Therapist-Client Pairs

With the addition of the Board of Ethnic Minority Affairs to the American Psychological Association and the observation that greater numbers of ethnic minorities are seeking psychological treatment (Banks, 1972; Wolkon, Moriwaki & Williams, 1973), a growing area of research has been related to ethnic issues in psychotherapy. One body of research has attempted to evaluate the effectiveness of therapy in conditions in which the therapist and client are from different cultural backgrounds.

The studies in this area have been diverse in methodology and samples, and the findings have been mixed and often confusing. Some studies have concluded that psychotherapy is less effective when the therapist and client are ethnically different (Banks, 1972; Grantham, 1973). Other studies found no differences in the effectiveness of therapy between ethnically similar and different pairs (Cimbolic, 1972; Wolkon et al., 1973). A few authors even suggest impediments to psychotherapy when the therapist and client are ethnically similar (Griffith, 1977; Vontress, 1969).

At this point it would seem useful to define ethnicity, race and culture, since these concepts often get confused. Ethnicity refers to a group classification in which the members share common traits and customs that

are passed on from one generation to the next. Race, however, has a more biological conception than ethnicity. It can be defined as a subgroup of peoples possessing a definite combination of physical characteristics that distinguishes the subgroup from other subgroups of human beings. While there is much overlap in the concepts of race and ethnicity, ethnicity does not have a biological foundation but a cultural foundation. Culture refers to the configuration of customary beliefs and social forms whose elements are shared and transmitted by members of a racial, religious or social group. To aid in distinguishing culture from race and ethnicity, Atkinson, Morten, and Sue (1983) state:

> "It is clear that the various ethnic groups within and among racial categories have their own unique cultures. It should also be clear that even within ethnic groups, small groups of individuals may develop behavior patterns they share and transmit, which in essence constitute a form of culture" (p. 5).

With this distinction among terms, one can understand how some have made the statement that all psychotherapy is cross-cultural, because each family background has its own unique customs and beliefs. In this light, Marsella and Pedersen (1983) state that all intergroup or interpersonal relationships are cross-cultural with a variety of value perspectives that complement or contradict one another.

This paper will critically review research on psychotherapy with ethnically different therapist-client pairs in the United States. Because the bulk of this research has been done with ethnic populations that differ racially from the white majority population in the United States, the groups referred to in this paper appear to differ in both race and ethnicity. However, since the biological component of race is not commonly assessed in the research, racial differences will not typically be referred to in this paper. Therefore, to be consistent, ethnic differences will usually be referred to where either ethnic or racial differences are referred to in the research. In addition, since cultural differences may vary within racial and ethnic groups, they will not typically be referred to in the research portion of this paper, to avoid confusion.

In this paper, cross-racial or cross-ethnic psychotherapy will refer to relationships between therapists and clients who are from different ethnic groups. Ethnic similarities and differences will distinguish therapist-client pairs who are in the same ethnic group from those who are from different ethnic groups.

One factor that is likely to impact the results of studies examining ethnic differences is the minority subjects' level of acculturation or assimilation into the majority culture. Most studies on therapy effectiveness

do not control for the degree to which an individual is identified with his or her culture or ethnic group. Studies that investigate cross-ethnic therapy effectiveness and do incorporate level of acculturation will be identified as doing so in this paper due to the importance of this factor.

This paper will emphasize studies in which therapist-client ethnic similarity served as the independent variable. Three major types of studies have been done: studies examining ethnic preference for therapist, research on therapy process variables, and therapy outcome studies. These areas represent the course of a client going through therapy. That is, the client initially chooses the therapist he or she prefers, then becomes involved in the process of therapy, and finally experiences the outcome or results of the therapy experience at termination. The research studies in each of these areas will first be presented and then the therapeutic implications in each area will be discussed. An emphasis will be placed on recent research findings.

Preference for Therapist

A large body of research has investigated the preference of clients for ethnically similar versus different therapists. This section will review such studies in which preference for therapist ethnic similarity served as the dependent variable.

Some of the studies investigating preference for

therapist ethnicity do not clearly state whether or not a statistical test is performed to arrive at the conclusions. Therefore, the findings will be reported as significant for studies which performed an actual test of statistical significance. It is also unclear what comparison is made in several of these studies. In some studies subjects rated their preferences on a Likert-type scale. In other studies subjects chose the therapist they most preferred (e. g., black or white) and in other studies subjects could indicate whether or not the race of the therapist mattered to them. Since the conclusions are influenced by the type of comparison that is made, the relevant details about the comparisons will be provided in the paper for each study in which they have been clearly stated.

Research Findings

Most of the research investigating preference for therapist ethnicity has found that subjects tend to prefer an ethnically similar therapist. This appears to be the case particularly with black subjects, the population most frequently tested. Six out of ten studies found that black students tend to prefer a counselor of the same race. In a study designed to test the preferences of elementary school students and their parents for an ethnically similar counselor, Pinchot, Riccio, and Peters (1975) presented a videotape of six counseling interviews with six ethnically different counselors interviewing the same student. Subjects viewed the videotape, then

completed a form which asked them to indicate their choice of most or least preferred counselor. The results indicated that black students significantly preferred counselors of their own ethnicity. Similar results have been obtained with black high school students. Riccio and Barnes (1973) presented a videotape of six ethnically different counselors in session with the same student. Subjects then selected the counselor whom they most preferred. Black subjects significantly preferred the black counselor over other counselors ($p < .001$). Stranges and Riccio (1970) investigated the preferences of students enrolled in Manpower Development programs for six ethnically different counselors. Subjects viewed videotapes of the different counselors in interviews and then selected the counselor whom they most preferred. The authors found that black subjects significantly preferred counselors of their same ethnic background.

Black college students served as subjects in studies of preferences for ethnically similar counselors. Wolkon, Moriwaki, and Williams (1973) administered a questionnaire to female college students to ascertain preferences for an ethnically similar versus an ethnically different therapist. Seventy percent of middle-class black women and 75 percent of lower-class black women indicated preference for a black therapist. Jackson (1975) had black undergraduate and graduate students in a predominantly white university indicate preference for a

counselor. The black subjects significantly preferred a black counselor. Over 94 (94.4) percent of the subjects indicated preference for a black counselor, 2.5 percent selected a white counselor and 3.3 percent indicated the ethnicity of the counselor made no difference. Thompson and Cimbolic (1978) had black university students indicate preferences for therapists from most to least preferred on a Likert-type scale. They found that black students significantly preferred black counselors over white counselors for both educational-vocational and personal-social problems.

The four studies that did not find a consistent preference effect of black subjects for an ethnically similar therapist included studies by Gamboa, Tosi, and Riccio (1976), Backner (1970), Proctor and Rosen (1981) and Briley (1977). These studies have been included in this section because they did not find significant preferences for an ethnically similar therapist based on the findings of the total subject samples. Some of these studies, however, found significant preferences for ethnic similarity under certain conditions or with certain subjects. The findings of these studies, then, will be interpreted in light of these methodological considerations.

In the Gamboa et al. (1976) study, 40 black and 40 white female subjects in a high school for delinquent girls were assigned to view a videotaped counseling

session. Videotapes depicted a female client with one of four male counselors: (1) a warm black counselor; (2) a warm white counselor; (3) a cold black counselor; (4) a cold white counselor. Subjects rated their willingness to see each counselor on a seven point scale. For black subjects, counselor ethnicity was not found to determine preference for vocational or personal-social assistance.

Backner (1970) surveyed SEEK (Search for Education and Knowledge) students to determine preference for counselor ethnicity. Subjects were asked the question, "your counselor's ethnic background should (a) be the same as yours; (b) doesn't matter." In a sample of 174 students, 25.3 percent stated the counselor's ethnic background should be similar to the counselee's while 68.4 percent stated it didn't matter. In a later survey, subjects were asked, "do you feel that you could function better with a counselor of your own ethnic background? (a) yes; (b) no; (c) doesn't matter." Twenty-one students checked c, two checked b and six checked a. Five of the students who checked "yes" listed themselves as black and were in fact working with a black counselor, and the two students who checked "no" were blacks working with a white counselor. Of the 21 who checked "doesn't matter" seven were working with counselors of the same ethnic background, two were working with counselors of a different minority group background and 12 were working with counselors of a different ethnic background. No

apparent statistical tests were performed in this study, however, it appears that while most subjects state the ethnicity of the counselor doesn't matter, those who have preferences tend to prefer an ethnically similar counselor.

In a study employing a small sample of eight black male veterans of low socioeconomic status, subjects either chose the preferred ethnicity of their counselor or indicated they had no preference (Proctor & Rosen, 1981). Half indicated no preference for counselor ethnicity, but all who indicated a preference selected an ethnically similar counselor. It appears that black subjects who have definite preferences significantly prefer black counselors over ethnically different counselors.

Briley (1977) gave a counselor preference questionnaire to 640 college students at two universities. Black females in most instances expressed no preference for counselor ethnicity or sex. The black male subgroup in the one university sample, however, expressed a significant preference for a counselor of the same ethnicity. (This seems to be what he found according to the abstract in Dissertation Abstracts International.) Again, this study implies that while some blacks do not have a preference for the ethnicity of a counselor, those who do have a preference generally choose a counselor who is black.

Only one study was found that employed Hispanic American subjects. This study found no preference for

therapist ethnicity. The Backner study (1970), above, which combined blacks and Puerto Ricans into its analysis, was the only study that employed Hispanic American subjects. However, the failure of this study to clearly distinguish between ethnic groups along with the relatively small percentage of Puerto Ricans compared to blacks in the sample makes the findings difficult to interpret.

Many of the studies that examined blacks' preference also investigated the preferences of whites. Two out of seven studies with white subjects indicated a preference effect for a counselor of the same ethnicity. In the Pinchot et al. (1975) study, both the white elementary school students and their parents significantly preferred seeing a white counselor. In the Stranges and Riccio (1970) study, white subjects also chose counselors of the same racial and cultural background as their own ($p < 05$).

Five out of the seven studies employing white subjects found that white subjects express no significant preference for a white therapist (Briley, 1977; Gamboa et al., 1976; Proctor & Rosen, 1981; Riccio & Barnes, 1973; and Wolkon et al, 1973). Despite these generally non-significant findings, whites preferred a white therapist under certain conditions in some of these studies. These conditions will be carefully considered.

In the Gamboa et al. (1976) study, counselor ethnicity was not found to be a determinant of preference

for the 40 white subjects seeking educational and vocational assistance based on their statistical tests. The 120 white high school students in the study by Riccio and Barnes (1973) were not found to significantly prefer ethnically similar counselors. However, these findings were not consistent across dimensions of ethnicity. In the study by Proctor and Rosen (1981), about half of the 26 white veteran clients did not indicate a preference for counselor ethnicity. However, of those subjects who indicated a preference, a significant relationship was found between ethnicity and subject preference for therapist ethnicity, in that all of these subjects preferred to see a white counselor. In the Wolkon et al. (1973) study, twenty-eight percent of the 25 white college women preferred to be in therapy with a white therapist and seventy-two percent claimed the ethnicity of the therapist was unimportant. Again, the white subjects who indicated a preference for race significantly preferred to see a white counselor. Briley (1977) found that in most instances, the 160 white male and 160 white female subjects in his university samples expressed no preference for a counselor of the same ethnicity. However, the white female subgroup in the one university significantly preferred a white counselor over a black counselor. In this study, the fact that one of the four white subgroups significantly preferred a white counselor while none of the subgroups preferred a black counselor suggests, again,

that while many whites do not indicate a preference for the race of their counselor, those who do have a preference prefer a white counselor.

Only one study was found in which subjects preferred a racially different counselor. In one condition of the Gamboa et al. (1976) study, 40 white subjects significantly preferred the black counselor over the white counselor when seeking personal-social assistance.

Other studies investigating preference for counselor ethnicity have considered the subject's level of acculturation or racial identity in the design. The next section summarizes the findings of those important studies.

Three out of four studies investigating preference for counselor ethnicity that have examined the variable of cultural identity have found that the subjects' cultural identity seems to be related to preference for therapist ethnicity. Sanchez and Atkinson (1983) assessed the cultural commitment of 99 Mexican-American college students by indicating either (a) Strong commitment to both Anglo and Mexican-American cultures; (b) Strong commitment to Mexican-American culture; weak commitment to Anglo culture; (c) Strong commitment to Anglo culture; weak commitment to Mexican-American culture; (d) Weak commitment to both Anglo and Mexican-American cultures. They found that subjects with a strong commitment to only the Mexican-American culture expressed the greatest preference for a Mexican-American counselor. Subjects

with a strong commitment to the Anglo culture were least concerned about being seen by an ethnically similar counselor. Overall, this study found that preference for counselor ethnicity was significantly related to cultural commitment ($p < .001$).

In a study using 96 black high school students as subjects, Riddick (1976) had subjects view photographic slides depicting black or white, male or female counselors talking to a black client. In general, black students significantly preferred black counselors over white counselors. Biculturally oriented students, however, preferred white counselors significantly more often than did monoculturally oriented students.

A study by Jackson and Kirschner (1973) involved 391 black freshmen at a predominantly black urban community college. Subjects were given an attitude questionnaire asking them to designate preferred characteristics of counselors, including racial preference for counselors. Students were asked to designate themselves as black, colored, Afro-American or Negro. Subjects who stated they were black or Afro-American preferred a counselor of African descent to a more significant degree than did those who regarded themselves as Negro. The group of subjects that designated themselves as colored were excluded due to the small sample size. The authors suggested that racial consciousness is manifested in racial self-designation and is a significant factor in

preference for counselor race.

The one study that did not find an acculturation effect was a replication of the Jackson and Kirschner study. Gordon and Grantham (1979) extended this study and found no evidence that racial self-designation was significantly related to preference for a helper of the same race, using 194 disadvantaged college students as subjects. Racial groups were analyzed separately and included 99 black, 28 Puerto Rican, 42 white and 25 college students from other racial groups as subjects. There was, however, a tendency within the total sample to agree slightly that they would prefer a helper of the same race. In a fifth study, Parham and Helms (1981) suggested that the discrepancy between the Jackson and Kirschner (1973) study and the Gordon and Grantham (1979) study may be due to their assumption that racial identity and racial self-designation are equated or that one can be inferred from the other. They state:

> "Racial identity refers to a person's beliefs or attitudes about her or his own race, whereas self-designation refers to one's racial group membership. Self-designation need not reflect one's racial attitudes but more likely reflects the zeitgeist" (p. 251).

Parham and Helms designed a study to separately assess racial identity and self-designation. They asked 52 black female and 40 black male college students to

complete a racial identity attitude scale, a counselor preference scale in which preferences were rated on a five point scale based on degree of agreement with a statement, and a demographic questionnaire which included a question about racial self-designation (i.e., black, Negro, Afro-American, colored or other). They found that preference for counselor race was related to racial identity attitudes but not to racial self-designation.

Summary and Implications for Therapy

Most research studies examining black subjects' preferences for ethnically similar therapists have found that blacks prefer to see a black counselor for therapy. Furthermore, in three of the four studies that did not find black subjects to prefer black counselors (Backner, 1970; Briley, 1977; Proctor & Rosen, 1981) there was a nonsignificant tendency for black subjects to prefer black counselors over ethnically different counselors.

In contrast to the indication that black subjects prefer an ethnically similar therapist, the studies employing white subjects have been more weighted toward the conclusion that white subjects do not necessarily prefer a white therapist. However, of the five studies that found no preference effect with white subjects, four (Briley, 1977; Proctor & Rosen, 1981; Riccio & Barnes, 1973; and Wolkon et al., 1973) found a nonsignificant tendency for white subjects to prefer white therapists over ethnically dissimilar therapists. Why two

(Pinchot et al., 1975; Stranges & Riccio, 1970) of the seven studies found a significant preference effect and others failed to approach significance is unclear. A possible explanation is that both ethnic groups may have an equally pronounced preference for ethnically similar therapists, but that blacks are more likely to have to actively seek black therapists to get them. Because minority providers are underrepresented in mental health treatment centers, white clients who are asked to indicate preference for counselor ethnicity may deny preferences under the assumption that they will most likely be assigned to a white counselor no matter whom they prefer. On the other hand, black clients may more often indicate preferences for therapist ethnicity because they would be less likely to be assigned a black therapist unless they specifically ask for one.

A closely related issue has to do with the intent of the study. It is possible that the responses of subjects to questions regarding preference for therapist ethnicity are dependent upon the subjects' perception of the purpose for which their response will be used. Silverman (1974) found that white college women expressed no prejudice on an attitude questionnaire when they believed the questionnaire carried no personal consequences, but that they expressed significantly more prejudice against blacks when they believed the questionnaire would form a basis for roommate selection.

The strongest finding of the preference research seems to be the black subjects' preference for a black therapist. Blacks may feel that white therapists represent the majority culture which has contributed to the serious racial oppression they have experienced, and that white therapists cannot fully empathize with their feelings due to racist attitudes. They may then perceive black therapists, who share the same racial/cultural heritage, as more preferred due to this commonality.

Another issue that has not been adequately addressed in the preference research has to do with the racial climate of the time and place of the studies. The findings of preference studies conducted during the civil rights movement which found blacks to state preference for a black therapist are likely to reflect the prevailing attitude of that time. In addition, the setting and population of the studies are important considerations. For instance, black students who attend a predominantly black university may be more identified with the black culture and therefore more likely to prefer a black therapist than students who choose to attend a more ethnically mixed or a predominantly white university. The studies that assess cultural commitment or identification seem to support the relationship between preference for therapist ethnicity and degree of cultural identification. Similarly, the differing results of these studies may reflect the differing degrees of racial tension

in the geographical locations in which the studies were conducted. It is difficult to assess the impact that these factors have had on the findings of the studies in this paper since the majority of the studies failed to describe in detail these characteristics in the subjects or the setting.

Preference for therapist is a factor related to a client's initiation of and involvement in treatment. It would be important to take a client's preference for the ethnicity of a therapist into account in clinics that assign client to therapist. If the client's feelings against seeing an ethnically different therapist are so strong that the client would refuse to become involved in therapy if assigned to such a therapist, the ultimate concern would be that they come for treatment and arrangements should be made accordingly. However, clients who do not spontaneously or vehemently request an ethnically similar therapist may actually do quite well with either an ethnically similar or dissimilar therapist. The clinic or therapist must bear in mind that the client's stated preference may serve a defensive purpose. A client may say he or she prefers a racially similar therapist in order to avoid dealing with issues that have to do with race.

Process Variables

A great number of studies have investigated the effects of ethnic similarity and dissimilarity on process

variables that have been related to therapy effectiveness. While all of the research on variables that influence the process of therapy cannot be included in this section, an attempt will be made to include three major areas of research in therapy process. Those areas specifically will include preceived credibility of the therapist, client self-disclosure and exploration and facilitative conditions offered by the therapist.

Research Findings

Perceived credibility. Sue (1983) defines credibility as "the constellation of characteristics that make certain individuals appear worthy of belief, capable, entitled to confidence, reliable and trustworthy" (p. 107). Process variables related to the client's perception of therapist credibility that have been investigated in cross-ethnic research include perceived expertness, trustworthiness, attractiveness and values/attitude similarity. The research findings on perceived therapist credibility presented in this paper will include these variables. The majority of studies have not found an effect of ethnic similarity on perceived therapist credibility. The two studies that have found a process effect favoring ethnically similar therapist-client pairs will be presented first and those that found no such process effect will follow.

One study was found in which American Indians or Native Americans served as the subjects. Dauphinais,

Dauphinais and Rowe (1981) had eleventh and twelfth grade American Indian students listen to one of three tape recorded counseling sessions, portraying either a directive, nondirective or culturally relevant counseling style in which counselors spoke in an American Indian communication style. Half of the subjects were told the counselor was an American Indian and half were told the counselor was non-Indian. Subjects rated the counselor as significantly more credible when he employed the culturally relevant counseling style than when he employed the nondirective style. In addition, regardless of counseling style, subjects gave significantly more positive ratings to the counselor when introduced as an American Indian than as a non-Indian.

Atkinson, Maruyama, and Matsui (1978) had Asian American subjects rate the counselor's credibility and utility after listening to a portion of an audiotaped counseling session. Four experimental conditions resulted from crossing counselor ethnicity (Caucasian American, Asian American) in the introduction to the tape with counseling approach (directive, nondirective) recorded on the tape. Female Asian American college students rated the counselor as significantly more credible when introduced as an Asian American then when introduced as a Caucasian American.

Studies that have not found a process effect favoring therapist-client ethnic similarity have included those

employing subjects from the five different ethnic groups that are referred to in this paper. These studies employed American Indians, Asian Americans, blacks, Hispanics and whites as subjects. A study by La Framboise and Dixon (1981) assigned 44 American Indian high school students to one of four conditions in which they observed a two segment videotape. The four conditions crossed interviewer ethnicity as American Indian or non-Indian with interviewer performance as either trustworthy or untrustworthy. No differences in expertness, trustworthiness or attractiveness ratings were found due to counselor ethnicity. However, significantly higher ratings on the trustworthiness dimension were obtained when the counselor performed according to a trustworthy model.

American Indian high school students served as subjects in a study by La Framboise, Dauphinais, and Rowe (1980). The 150 students were asked to rate aspects of a "helpful person." On a scale of one (very important) to four (not important), subjects gave mean ratings of 2.43 to the statement "a helpful person should be an Indian person." However, subjects gave a mean rating of 1.20 to the statement "a helpful person should be someone I trust," suggesting trust is a more important factor than ethnicity per se.

As summarized in the previous section, Atkinson et al. (1978) did one of the two studies that found ethnic

similarity to relate to therapist credibility using Asian American subjects. A second Atkinson et al. (1978) study was run in which 48 Japanese American members of young Buddhist associations did not rate the counselor differently by counselor ethnicity (Caucasian American or Asian American).

Several studies with blacks found no effect of therapist ethnicity on credibility. Cimbolic (1972) had black freshmen subjects participate in initial interviews with four male counselors (white inexperienced counselor, white experienced counselor, black inexperienced counselor, black experienced counselor). After completing the four interviews, subjects rated each of the counselors on the dimensions of counselor effectiveness, likability and counselor skill level. The findings did not support a preference for the counselors as a function of ethnicity but they showed a significant preference as a function of the counselor's experience level.

Peoples and Dell (1975) asked 28 black and 28 white female university students to rate a female counselor's performance after viewing one of four videotapes with either a black counselor in an active role, white counselor in an active role, black counselor in a passive role or white counselor in a passive role. No differences were found in perceived attentiveness or friendliness of the counselor based on subject ethnicity. All subjects gave significantly higher ratings of competence and

helpfulness to counselors in the active role than in the passive role. Regardless of their own ethnicity, subjects also gave significantly higher ratings of competence and helpfulness to the black counselor than to the white counselor. However, since the black counselor was rated as more active than the white counselor, the authors suggest the findings are accounted for by the active role rather than by ethnicity.

Porche and Banikiotes (1982) presented 247 black high school students with attitudinal, gender-related and information about the ethnicity of a hypothetical counselor. Counselors who were portrayed as having attitudes similar to those of the subjects who rated them were perceived as significantly more expert, trustworthy, and attractive than those who were portrayed as having dissimilar attitudes. An effect for counselor ethnicity that approached statistical significance on the attractiveness dimension was apparently due to a trend toward rating the counselor more attractive when identified as white than when identified as black. To examine the effects of ethnicity on counseling process in group counseling, Cimbolic (1973) assigned 17 black university students to two sensitivity groups (that included white students) and a control group. One black and one white trainer, with varying levels of experience, were assigned to each sensitivity group. Students in the two sensitivity groups participated in a weekend group marathon. Subjects from

the sensitivity and control groups then met individually with each of the four trainers for interviews. Subsequent ratings of the counselor's effectiveness, likability, and mastery of skills were not found to be a function of counselor ethnicity.

Several similar studies have also been conducted with Hispanic subjects. A study by Acosta and Sheehan (1976) had 94 Mexican American college students listen to one of two therapy audiotapes that were identical except for the accent in which the therapist spoke (Spanish or English). The therapist on one tape was introduced as Mexican American and the therapist on the other tape was introduced as Anglo American. The subjects' ratings of therapist skill, trustworthiness, understanding and attractiveness were not found to be a function of either subject or therapist ethnicity.

Furlong, Atkinson, and Casas (1979) examined the effects of attitudinal similarity as well as ethnic similarity. Seventy-nine Mexican American students in Chicano Studies classes were asked to rate the counselor's credibility and attractiveness under four experimental conditions crossing the counselor's ethnicity with the counselor's value statement. The four conditions were (1) Anglo in favor of cultural assimilation; (2) Anglo in favor of cultural pluralism; (3) Chicano in favor of cultural assimilation; (4) Chicano in favor of cultural pluralism. Significant main effects for similarity of

attitude were found on all measures of counselor credibility and attractiveness. Counselor ethnicity, however, did not produce a significant effect on any counselor ratings.

Similar findings were found in a study by Atkinson, Ponce, and Martinez (1984) where 127 Mexican American college students were surveyed to determine their attitude toward acculturation. Subjects were then assigned to receive written material describing the sex, ethnicity, and attitude toward acculturation of a counselor they subsequently heard in a tape-recorded excerpt of a counseling session. After reading the written introduction and listening to the counseling excerpt, subjects rated the counselor's credibility and attractiveness. No significant difference was found in the credibility or attractiveness of the counselors based on ethnicity. There was a significant effect of attitude similarity on ratings of credibility and attractiveness.

Atkinson, Winzelberg, and Holland (1985) assigned 40 Mexican American women seeking counseling at a Planned Parenthood agency to one of four counselor descriptions and then asked them to rate the counselor's credibility and attractiveness. The four counselor descriptions varied the counselor's ethnicity (Anglo American vs. Mexican American) and philosophy regarding the locus of control of family planning (individual choice vs. family choice). No evidence was found that Mexican American women view ethnically similar counselors as more credible

or attractive than ethnically dissimilar counselors.

Finally, three studies of white subjects investigated the perceived credibility of ethnically similar and dissimilar therapists. Similar results were obtained for the 28 white subjects as for the black subjects in the Peoples and Dell (1975) study. All subjects gave significantly higher ratings of competence and helpfulness to counselors in the active versus the passive role and all subjects, both black and white, rated the black counselor higher in competence and helpfulness than the white counselor. In the Acosta and Sheehan study (1976), again, the 93 white subjects' ratings of therapist skill, trustworthiness, understanding and attractiveness were not found to be a function of therapist ethnicity. For the 40 white subjects in the Atkinson et al. (1985) study, no evidence was found that they perceived ethnically similar counselors as more credible or attractive than ethnically different counselors.

Client self-disclosure and exploration. Some process variables that have been highly correlated with therapy outcome (Truax & Carkhuff, 1967) are client self-disclosure and exploration. These variables are vital components of the therapy process. A few studies have investigated the effect that therapist racial similarity or dissimilarity might have on these variables.

Two of three relevant studies found subjects to engage in more self-exploration with an ethnically similar

therapist. Carkhuff and Pierce (1967) trained four lay counselors (an upper class white, an upper class black, a lower class white and a lower class black). Subjects were 16 hospitalized patients with the diagnosis of schizophrenia (four upper class whites, four upper class blacks, four lower class whites and four lower class blacks). Each counselor saw each patient for an interview. Four-minute excerpts were recorded from each interview and rated on a scale of depth of self-exploration by two experienced raters. Ethnicity was found to be a significant source of effect favoring ethnic similarity in counselor-client pairs. Banks (1972) found that eight black and eight white eleventh and twelfth grade males engaged in significantly more self-exploration with ethnically similar counselors than with ethnically dissimilar counselors.

One study employing black subjects found no process effect favoring therapists of the same ethnicity as clients. Grantham (1973) used 37 black students in a special program for the disadvantaged at a university and their counselors as subjects. Depth of self-exploration was measured by two independent raters who listened to tapes of subjects in counseling interview sessions. Ethnicity of the counselor was not found to be significantly related to depth of self-exploration.

Facilitative conditions offered by the therapist. Up until this point the studies reviewed in this paper have

focused primarily on the perceptions and behaviors of the client. Effective therapy also involves the therapist's facilitation of the process of therapy. Therefore, this section includes studies that investigate conditions offered by the therapist that facilitate the therapy process. These include facilitative factors such as the therapist's understanding of the client, attending to the client, congruence and expressive skills. Six studies that found a process effect favoring ethnically similar therapist-client pairings will be presented first, one study which found a process effect favoring ethnically different pairings will be reviewed second, and three studies which failed to find a process effect based on ethnicity will follow. All studies employed black and/or white subjects.

Half of the studies with black subjects have favored ethnically similar therapist-client pairings. Gardner (1972) had black university sophomores who demonstrated a need for counseling be interviewed by one of four black or four white counselors. Recordings of the interviews were rated by professional judges, and students rated their counselors on a questionnaire designed to assess dimensions of facilitative interpersonal functioning. Ethnicity was found to have a significant effect on the students' ratings of their counselors in that black counselors were rated as more facilitative than white counselors.

Jones (1978) assigned black and white female neurotic clients to one of five male therapists, two black and three white. Clients were seen in outpatient psychotherapy on a weekly basis. There was no time limit to the psychotherapy, although therapists only were required to collect data on the first ten sessions for the study. Transcripts of the sessions as well as the therapists' detailed process notes were analyzed. Results indicated clear differences in therapy process. Black therapists were less likely to view black clients in terms of ethnicity and identified with their clients less readily over time. In the black therapist/black client pairing, clients also apparently felt freer to express self-depreciatory feelings. In the white therapist/black client match, the client more frequently expressed hostility toward the therapist and displayed an increased tendency to act out her feelings over time. Erotic transferences appeared more readily in the black therapist/black client pairings than in the white therapist/black client pairings. Fry, Kropf, and Coe (1980) tested the hypothesis that factors of ethnic differences may mediate counselor-client interactions in terms of the counselor's attending and expressive responding style and appropriateness of the counselor's delivery and type of responses. Subjects were black and white counselor trainees whose responses to vignettes of clients' problems were rated and scored according to attending and expressive responses.

As hypothesized, counselors' delivery scores and the appropriateness of responses were significantly better under conditions of ethnic similarity with the clients.

Three out of the four studies that considered facilitative conditions offered to white clients found a process effect favoring ethnic similarity of therapist and client. These studies include those by Wright (1975), Fry et al. (1980), and Bryson and Cody (1973). In the Wright (1975) study, the 24 white male university subjects were assigned for personal counseling to two black and three white counselors. All subjects had been found to score low on an interpersonal trust measure. Following five counseling sessions, white subjects rated white counselors as higher on congruence and unconditionality than black counselors. In the Fry et al. (1980) study, the 30 white counselor subjects were also judged to be more effective in their delivery scores and the appropriateness of responses under conditions of ethnic similarity. In a study by Bryson and Cody (1973) the relationship between ethnicity and the level of understanding was examined. The 16 white undergraduate students in the study saw one of eight counselor subjects for a recorded counseling interview which was then analyzed by trained judges (two white, one black). Correlation coefficients showing agreement between the independent ratings of the judges ranged from .87 to .95. White clients were found to be better understood by white counselors than by black

counselors based on the judges' ratings of level of understanding.

The one study that found that a therapist was more facilitative with an ethnically different client occurred in one condition in the Wright (1975) study. The 12 black clients in the study rated white counselors as higher than black counselors on congruence and unconditionality. There was also some evidence in this study that counseling subjects rated ethnically dissimilar counselors higher on regard than ethnically similar counselors.

Three studies found no process effect favoring an ethnically similar therapist, two with black subjects and one with white subjects. Banks, Berenson, and Carkhuff (1967) had eight black undergraduate subjects see each of four counselors (one black, three white) for an interview. Interviews were taped and then assessed. No evidence was found that facilitative conditions offered by black counselors were higher than those offered by white counselors. Bryson and Cody's (1973) 16 black subjects were not better understood by black counselors based on the judges' subjective ratings. Finally, no process effect based on race was found for the seven white subjects in the Jones (1978) study. With the white clients, it mattered little if the therapist was black or white, in terms of therapy process as judged by the raters of therapy transcripts.

Summary and Implications for Therapy

The fact that no studies were found in which either black, white or Hispanic American subjects perceived ethnically similar therapists as more credible than ethnically dissimilar therapists is an important finding. It is interesting in light of blacks' preference for black therapists cited in the previous section. While black subjects may indicate a preference for a black therapist, they do not seem to perceive black therapists as more credible than ethnically different therapists. Since in some of these studies credibility was rated after actual clinical contact (Cimbolic, 1972; Cimbolic, 1973) it is possible that initial impressions don't predict what clients feel about a therapist when they get in therapy. A black client may prefer to see a black therapist. However, if the black client becomes convinced that a white therapist is credible and can help him or her, the client may have no qualms about being in therapy with the white therapist.

However, the three studies with American Indian subjects as well as the one study employing Asian American subjects were divided in their findings on perceived credibility of the counselor. The fact that the La Framboise et al. (1980) study asked subjects to rate a helpful person rather than a counselor may make it weak methodologically.

While there are relatively few studies investigating

client self-disclosure and exploration with ethnically similar and dissimilar therapists, it seems important to look at this variable since it is a vital component of the therapy process. The effectiveness of therapy depends upon a certain degree of client self-exploration. The three studies that examined self-disclosure did so in actual counseling sessions (Banks, 1972; Carkhuff & Pierce, 1967; Grantham, 1973), yet the findings were not consistent. Ridley (1984) proposed that low levels of self-disclosure when found in black clients may be due to the "long experiences of learning to survive as a minority person in a hostile culture (p. 1239)." Sue and Sue (1977) say self-disclosure is in itself a cultural value. These are important considerations and clearly more research is needed to determine whether or not an ethnicity effect exists for this therapy process variable as well as the causes of the effect if it exists.

In light of the findings of other process variables, it is a puzzling observation that the majority of the studies examining the facilitative conditions offered by the therapist have found therapists to be more effective with clients of their own ethnicity. Most of these studies used trained observers or raters to determine the facilitativeness of the therapist. These findings are in opposition to the findings on the process variable of perceived credibility of the therapist, in which clients' ratings were used as the relevant measure. Perhaps the

difference in the findings of process variables is accounted for in part by who has done the rating. For instance, clients may be less critical of a therapist as compared to trained observers due to their lack of training in psychotherapy. Lambert (1983) states that the outcome of cross-cultural psychotherapy is highly dependent on the ability of the therapist to form a facilitative relationship with the client and that few therapist variables other than relationship variables correlate with therapy outcome. Therefore, the facilitative relationship is of utmost importance and merits further investigation to determine if and how it is impacted by ethnic differences in therapy.

The findings of studies of facilitative therapeutic conditions that employ black subjects are less consistent than those employing white subjects. While three studies employing black subjects favor ethnically similar therapist-client pairs, no differences in process were found in two studies, and one study actually found a process effect favoring an ethnically different therapist. With white subjects, though, only one study was not found to favor the ethnic similarity of the therapist and client.

There are differences between the findings of the studies investigating preference for therapist ethnicity and those investigating therapy process variables. It seems that there is less of a trend favoring ethnic

similarity in research with process variables than in the research investigating preference for therapist ethnicity. Studies investigating process variables more often included actual clinical contact (typically one session) in the design than did studies investigating preference for therapist ethnicity. Of those studies that did involve actual clinical contact, the results were equally weighted between those finding a process effect favoring ethnic similarity and those that did not find such an effect. This seems to be a clear difference for black subjects in particular, who do seem to prefer an ethnically similar therapist. Perhaps actual contact with a therapist under favorable conditions can result in more positive feelings of black clients for white therapists, although one interview is not always adequate to reverse strong negative feelings.

Outcome Variables

In this section studies will be included that examine outcome variables in therapy with ethnically similar and dissimilar therapist-client pairs. Studies will be organized on the basis of treatment duration since a trend was found which suggests that the outcome of one session may be less favorable for cross-ethnic pairs than the outcome of longer term psychotherapy. The majority of outcome studies have not found an effect favoring ethnically similar therapist-client pairings. Most of the outcome studies employed black or white subjects. One study employed

American Indian subjects and one study grouped together minority subjects into the category of "nonwhite."

Research Findings

Three studies were found that measured the outcome of psychotherapy after one session. In the Banks et al. (1967) study, all eight black subjects indicated they would return to see the black counselor. No more than five of eight subjects indicated they would return to see any one of the white counselors. Client satisfaction or the extent to which the client is pleased with the outcome of counseling was measured by a client outcome questionnaire in one study, with the results favoring ethnic similarity for black therapist-client pairs (Grantham, 1973). Thirty-seven black subjects who saw a black counselor for an orientation session rated themselves as significantly more satisfied with counseling than were those who saw a white counselor. Ewing (1974) obtained client evaluations of a pre-college counseling interview in which each of 13 black and 13 white clients were seen by one of 11 experienced counselors (three black, eight white). In general, Ewing did not find ethnic similarity of client and counselor to be an important factor in the counseling interviews for either black or white clients. However, information given by the counselor was significantly more often perceived as valuable for black students seeing black counselors.

One outcome study measured satisfaction with treat-

ment after the second session by a self-rating scale (Proctor & Rosen, 1981). The scale included questions designed to assess attraction to the counselor, satisfaction with the counseling process and instrumental satisfaction. For both black and white subjects, satisfaction with treatment was not found to be related to the nature of clients' ethnic expectations and preferences or to the ethnic makeup of treatment dyads.

Three studies were found which measured the outcome of a longer fixed duration of therapy. Neimeyer and Gonzales (1983) combined subjects from several minority groups (including American Indian, Asian American, black, and Hispanic American) into the category of "nonwhite." In this study 70 clients in a university counseling center (30% nonwhite, 70% white) served as subjects. Each client was assigned randomly to be seen by one of 20 counselors; seven nonwhite (three black male, one black female, one Asian American female, and two Hispanic American males) and 13 white (eight females and five males). No attempt was made to match counselors and clients according to ethnicity. Counselors and clients independently completed forms at intake and ten weeks after the initial session. The purpose of the forms was to assess perceived severity of the client's problem, counseling duration, overall client satisfaction, perceived relief, degree of understanding of the problem, degree of coping and attribution of causality. Counselor-client ethnic match was not

found to have an effect on either the duration of counseling, overall satisfaction, perceived relief, understanding or coping.

In the Jones (1978) study in which black and white female neurotic clients were assigned to a black or white male therapist, therapist and client measures were obtained after 10 sessions. These included measures of satisfaction with therapy and evaluation of the outcome of therapy such as the patient's improvement and therapist's effectiveness. No differences were found in either client or therapist ratings based on ethnic matching. In the Cimbolic (1973) study which employed 17 black students participating in a 15 hour marathon group, subjects were as willing to see at least one of the two white counselors as one of the two black counselors for individual counseling afterwards.

In several outcome studies the duration of therapy was not fixed, but varied. Most of these studies measured the duration of therapy itself to determine client drop-out rate. However, three studies in which the duration of therapy varied looked at factors other than drop-out rate, and they will be discussed first.

Two of these three studies measured client satisfaction with treatment. Dauphinais, La Framboise, and Rowe (1980) assessed the satisfaction with past counseling of 150 American Indian and 50 non-Indian subjects, based

on the subjects' ratings of helpfulness of the counselor. They found no relation between satisfaction and ethnicity of counselor. Griffith (1975) determined the length of therapy for 489 black and white clients initiating outpatient treatment at a community mental health clinic. A subsample of 64 clients were then selected for follow-up interviews. Ethnically similar dyads had a longer length of treatment. However, ethnic matching was not related to client perceptions of satisfaction. Furthermore, clients did not identify ethnic factors as important to their decisions to discontinue treatment. Finally, in an extensive study by Jones (1982), 164 black and white patients, evenly divided by race, were seen in individual psychotherapy for a mean of more than 31 treatment hours. Half the patients in each group were in ethnically similar therapist-client matches and half in ethnically dissimilar pairings. There were no differences in therapist measures of psychotherapy outcome as a function of therapist-client ethnic match.

Two out of six studies measuring drop-out rate in therapy under conditions of ethnic similarity and ethnic dissimilarity found a higher drop-out rate when the therapist and client were ethnically different. Both employed black subjects. Heffernon and Bruehl (1971) trained four black and four white college men in Rogerian counseling techniques, then assigned them to two groups, each group consisting of three eighth-grade black boys. The coun-

selors met with their groups once a week for eight weeks. Although there were no differences in reactions to counseling between groups based on paper-and-pencil instruments, all of the counselees of black counselors chose to attend counseling rather than go to the library, while only 11 of 23 counselees having white counselors did not choose the library. This difference is statistically significant. All the counselees of one white counselor preferred counseling to the library, however. This counselor was the only white counselor who had substantial previous contact with ghetto blacks.

A study by Gibbs (1975) examined drop-out rate as a therapy outcome variable. Using case records of all black students enrolled in a university (N = 87) to determine the duration of treatment for black students using the university mental health clinic, Gibbs found that students averaged 5.32 sessions with black therapists as opposed to 4.14 sessions with white therapists. It was not reported, however, whether or not these differences were statistically significant.

The majority of the studies measuring drop-out rate in therapy did not find any differences based on ethnic matching between therapist and client. Vail (1978) studied early termination from individual therapy in a community mental health clinic with 87 lower-class black patients assigned to therapists who were either black or white. There was no significant difference in drop-out

rate based on therapist ethnicity. No significant correlations were found between remaining in treatment and black patients' attitudes toward whites. In the Proctor and Rosen (1981) study cited earlier, drop-out rate was assessed and was not found to be related to ethnic composition of therapist-client pairs. Similarly, in another condition of the Jones (1978) study, drop-out rate of the black and white clients was assessed and no differences between groups were found. Finally, Neimeyer and Gonzales (1983) did not find the duration of counseling to be related to ethnic similarity between treatment dyads with their white and nonwhite subjects.

Summary and Implications for Therapy

While preference for therapist, process variables and outcome variables all relate in some way to therapy effectiveness, it is perhaps outcome variables that are the most appropriate measure of therapy effectiveness due to their relevance to the end product of actual therapy.

The majority of therapy outcome studies investigating the effects of therapist-client ethnic similarity or dissimilarity did not find that therapy outcome was affected by ethnicity. The only studies that did find an ethnicity effect favoring therapist-client ethnic similarity were with black subjects. Three of those studies (Banks et al., 1967; Ewing, 1974; Grantham, 1973) examined the outcome after only one session, while the majority of studies finding no effect based on ethnicity with black

subjects included multiple sessions (Cimbolic, 1973; Griffith, 1975; Jones, 1978; Jones, 1982; Vail, 1978). It is possible that a longer length of treatment results in a more positive outcome with ethnically dissimilar therapist-client pairs than one session. What seems more likely, however, is that either therapist or client variables that contribute to more effective outcomes cause treatment to continue beyond one session.

The studies that investigated client drop-out rate or willingness to return to therapy touch on an important problem in cross-ethnic psychotherapy. Sue et al. (1982) have found that Asian Americans, blacks, Hispanic Americans and American Indians terminate therapeutic services after only one contact at a rate greater than 50 percent, in contrast to a 30 percent termination rate for Anglo clients. While others have concluded that factors such as financial or family pressures account for early termination of minority clients, these investigators concluded that it may be inappropriateness of interpersonal transactions that accounts for the premature termination. The results of the combined studies in this paper that investigated drop-out rate or willingness to return to therapy lend partial support to a greater rate of early termination with minority subjects. While three of the nine studies investigating this variable with black subjects favored ethnically similar therapist-client pairings, none of the three studies with white subjects

favored ethnic similarity. Drop-out rate, however, was not found to be related to ethnic matching in the majority of the studies with minority clients.

The findings of the outcome studies strongly suggest that cross-ethnic psychotherapy can be as effective as psychotherapy with ethnically similar therapist-client pairs. This appears to be true particularly in psychotherapy relationships of a duration that is longer than one session. Therefore, clients who show initial resistance to the ethnicity of their therapist might be encouraged by their therapist to explore their feelings about ethnic or race related issues in the therapy from the very beginning. In this manner the therapist would explain to the patient that ethnic issues can and must be worked through in the therapy. In addition, therapists can and must facilitate the development of a therapeutic rapport that transcends ethnicity.

Discussion

The speculations mentioned in this review are far from definitive and merit further investigation. Lambert (1983) has stated, "at the present time, cross-cultural psychotherapy research is at a premethodological level (p. 135)." Clearly, more research is needed to define the strengths and weaknesses of cross-cultural therapy and to propose remedies to race-related problems that can hinder therapy.

There are potentially confounding factors that have

not been assessed in many of these studies yet may account for the findings. For instance, most of these studies did not consider the influence of social class on the findings. Other factors that were seldom accounted for included those previously mentioned such as the political climate at the time or place of the study, the racial identity of the subjects and the subjects' perception of how the findings of the study may affect them. The impact of these and other factors must be assessed before drawing definitive conclusions about cross-racial therapy effectiveness.

It remains unclear exactly what factors are involved that make some cross-cultural therapy situations effective and other situations ineffective. Certainly racism, the conscious or unconscious belief that racial differences produce an inherent superiority of a particular race, would seriously limit psychotherapy effectiveness. Therapists would do well to be aware of racist feelings in themselves and work through them when they arise. Furthermore, therapists must be open to perceiving and understanding the influences of racist forces on the problems of their minority clients. Another factor that can affect the success of cross-ethnic psychotherapy is a lack of cultural awareness or understanding on the part of the therapist. It is likely that the one white counselor in the Heffernon and Bruehl (1971) study who was more often returned to by black subjects was more successful

because of his previous exposure to blacks. This exposure possibly provided him with a greater understanding of the culture. Therapists who are unfamiliar with the culture of their client would likely have difficulty empathically understanding the client. In addition, culturally skilled therapists must become aware of their own ethnicity and cultural heritage and come to value and respect ethnic differences.

Earlier reviews of the literature on ethnicity as a therapist-client variable in counseling and psychotherapy (Harrison, 1975; Sattler, 1977) have concluded that black clients prefer the professional who is competent and who is empathically understanding, regardless of his or her ethnicity. In a later review, Atkinson (1983) stated that factors such as previous exposure to an ethnically similar or dissimilar counselor, similarity of socioeconomic background and attitude similarity may overshadow ethnic similarity as a determinant of counseling process and outcome. Clearly, ethnic similarity alone does not predict success in therapy.

What seems to emerge from the research is that black clients initially prefer black therapists and white clients initially tend to prefer white therapists. However, once in treatment, both blacks and whites are more likely to respond favorably to ethnically different therapists, and it seems that the longer the treatment, the less evidence there is in favor of ethnic similarity of

therapist and client. There is evidence that cross-ethnic therapist-client relationships that make it beyond the initial phase of therapy are as therapeutic as ethnically similar pairs. This may be due to specific therapist variables or client variables. The rarity of quality cross-ethnic relationships in our society may contribute to doubts on the part of either the therapist or client that a quality therapy relationship will develop. However, under optimal therapeutic conditions, ethnic differences do not seem to hinder psychotherapy effectiveness.

There has been recent support for the development of cross-cultural therapy training programs to prepare therapists to work effectively with minority clients. These programs would be aimed at dealing with therapist variables that may hinder effective cross-ethnic therapy and improve the therapist's cultural awareness and relational skills. Such programs would emphasize cultural customs, beliefs, sociopolitical history, history of oppression, discrimination and racism and resulting feelings of powerlessness, inferiority and rage. Such programs, with the additional emphasis on the self-awareness of the therapist, may help deal with the problems that do exist in cross-cultural psychotherapy.

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